

Prepared by P. Z.  
Date 12-7-09

~~YES~~ NO Primary Examiner box complete.

~~YES~~ NO Issuing Classification complete.

~~YES~~ NO Examiner's initials or cross-through lines supplied for each item cited by applicant.

~~YES~~ NO Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

~~YES~~ NO Brief Description of Drawings includes description of each figure in drawings.

~~YES~~ NO Continuing data is mentioned in 1<sup>st</sup> paragraph. (Can be an insert.)

~~YES~~ ~~NO~~ Claims listed on Notice of Allowability match allowed claims and/or index of claims.

~~YES~~ ~~NO~~ Claims correctly numbered in index.  
(No duplicate or missing claim numbers.)  
(No incorrect dependencies.)

**YES**   **NO**   If necessary (biological sequence listing).

☒ YES ☐ NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.